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CONFIRMATION NO. 6564

Bib Data Sheet

SERIAL NUMBER 09/328,296	FILING DATE 06/08/1999 RULE	CLASS 800	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 9632-005
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APPLICANTS

CLAY B. SIEGALL, EDMONDS, WA;
 ALAN F. WAHL, MERCER ISLAND, WA;
 JOSEPH A. FRANCISCO, EDMONDS, WA; HENRY JPERRY FELL JR., REDMOND, WA;

** CONTINUING DATA ***** (none) KAC

** FOREIGN APPLICATIONS ***** (none) KAC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 07/28/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	10	37	26
Verified and Acknowledged	Examiner's Signature <i>Kevin G. Gault</i> Initials KA			

ADDRESS
 20583
 JONES DAY
 222 EAST 41ST ST
 NEW YORK, NY
 10017

TITLE
 RECOMBINANT ANTI-CD40 ANTIBODY AND USES THEREOF

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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